

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | ID NO.      | DATE           |
|---------------------------|-----------|-------------|----------------|
| FEE DETERMINATION         | <i>mv</i> | <i>32</i>   | <i>6/11/01</i> |
| O.I.P.E. CLASSIFIER       | <i>mv</i> | <i>1090</i> | <i>6/21/01</i> |
| FORMALITY REVIEW          | <i>mv</i> |             | <i>6/21/01</i> |
| RESPONSE FORMALITY REVIEW |           |             |                |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy

6/11/01